

ASHLAND ELEMENTARY SCHOOL

16 Education Drive • Ashland, New Hampshire 03217
Telephone (603)968-7622
Fax (603)968-3167

Kelly Avery
Principal

Carrie Sanborn
School Counselor

Zachary Morse
Athletic Director

Co-curricular Activity Permission Slip

STUDENT AND PARENT INFORMATION

Date _____ Activity _____

Student _____ Birthdate _____

Mother/Stepmother _____

Home telephone _____ Work telephone _____

Father/Stepfather _____

Home telephone _____ Work telephone _____

My child, _____, has permission to participate in the activity listed above.

EMERGENCY CONTACT INFORMATION (other than parent)

Name _____ Relationship _____

Home telephone _____ Work telephone _____

MEDICAL and INSURANCE INFORMATION MUST BE COMPLETELY FILLED OUT AS PERMISSION SLIPS ARE WITH COACHES AT ALL GAMES. (Please do not put down "on file")

MEDICAL INFORMATION: Medication taken regularly _____

Date of last DPT _____ Other Medical Concerns _____

Doctor's Name and Telephone _____

INSURANCE INFORMATION: Insurance Company _____

Certificate # _____ Group# _____

AUTHORIZATION: I authorize the school's representative to arrange for medical transport, as well as to request and authorize treatment for my son/daughter in the event of an accidental injury or illness. I agree that I will not hold this person liable while he/she is acting according to these directions.

Parent/Guardian Signature

Date